

1 happened. And she made the decision to have a  
2 autopsy done.

3 Q. Who made that decision, you, Ms. Wilkey  
4 or both?

5 A. Deb Wilkey did, the coroner. She is the  
6 coroner at the time.

7 Q. Have we covered the extent of your care  
8 and treatment of Mr. McKee?

9 A. I think so.

10 Q. All right. I don't have any further  
11 questions for you, Doctor. Mr. Humphreys may have  
12 some.

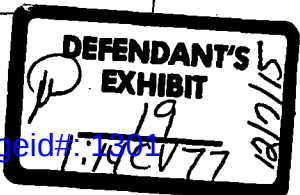
13 EXAMINATION

14 BY MR. HUMPHREYS:

15 Q. Doctor, my name's Jim Humphreys. I  
16 represent Dr. Bailey, the defendant in this case.  
17 In terms of your history -- and if you want to  
18 refer back to your history there -- the source of  
19 that history was Mrs. McKee; is that correct?

20 A. The source of the history of what had  
21 happened to him prior to his presentation in the  
22 emergency department was Mrs. McKee, yes.

23 Q. And you covered with Mr. Byrd the reason  
24 there was an inability to get a CT scan in  
25 Lebanon. Could you also recite what Ms. McKee



1 told you about a follow-up CT?

2 A. Well, I was given the impression that he  
3 -- he had been recommended that he go to another  
4 hospital. And I -- and in my discussions with  
5 her, I concluded that what she was telling me was  
6 in getting a CT scan. But I don't remember the  
7 details of that, just that she told me that he had  
8 -- had been recommended to go to another facility.

9 Q. And what else did she tell you about  
10 what Mr. McKee decided to do?

11 A. She told me that he started feeling  
12 better and made the decision not to go to the  
13 other facility.

14 Q. Could you just read that sentence that  
15 begins with, "However."

16 A. Well, she gave -- you know, she gave me  
17 the impression that he couldn't get scanned there.

18 Q. Could you just read that sentence?

19 A. Yeah. It says, "However, he's too large  
20 for their scanner table and so had been released  
21 with antibiotics and planned to go to another  
22 hospital and obtain a CT scan. Decided he was  
23 feeling better and did not want to do that."

24 Q. What was the significance, Doctor, of  
25 Mr. McKee's driving from Virginia to Idaho?

1           A.    Well, it's a very substantial driving  
2   time from Virginia to Idaho, as you can imagine.  
3   And so you're in a vehicle, not moving around very  
4   much for long hours.  And immobility increases  
5   your risk of blood clots and increases the risk of  
6   an extending, and so it has obvious risk for clots  
7   and pulmonary emboli.

8           Q.    And what is the reason that you recorded  
9   in your dictation that Mr. McKee subsequently  
10  moved from Virginia to here and did so by driving?

11          A.    Because that was a risk factor for  
12  pulmonary embolus and deep venous thrombosis, and  
13  it was -- would explain potentially his  
14  presentation and current pulmonary arrest.

15          Q.    And in your review of systems, Doctor,  
16  you had given an estimate of Mr. McKee's weight.  
17  What was that estimate?

18          A.    Greater than 400 pounds.

19          Q.    And is that a measured weight or is that  
20  just something you eyeballed?

21          A.    No, that's a guessed weight.  It was  
22  basically a guess based on his size and his  
23  height, apparent height, and just a visual guess.  
24  I may have asked her about his weight.  I don't  
25  remember.

1 Q. And when you say someone is morbidly  
2 obese, what does that mean?

3 A. I don't recall the actual specific line  
4 that gets crossed in terms of body weight that  
5 would put somebody in morbid obesity, but he's  
6 well above that, well.

7 Q. But what does "morbid obesity" mean?

8 A. Extreme, extremely obese.

9 Q. And what is the significance of that, at  
10 least as far as Mr. McKee's death is concerned?

11 A. It increases the risk of all types of  
12 health problems, but in this case, it  
13 substantially increases his risk of blood clots  
14 and pulmonary embolus.

15 Q. Now, you had mentioned a D-dimer test?

16 A. Yes.

17 Q. That was done at the hospital in Idaho?

18 A. Yes.

19 Q. And the level is 32.6; is that correct?

20 A. Yes.

21 Q. Am I reading this scale correctly, but  
22 is that over 65 times normal?

23 A. Well, you know, as far as what's normal,  
24 the cutoff point for concern is .5. So it is  
25 about 64 or five times normal.

1 Q. In terms of characterizing that as being  
2 elevated, is that extremely elevated? Moderately  
3 elevated? Just a little bit elevated?

4 A. That's pretty extremely elevated.

5 Q. You also mentioned something significant  
6 in the history that Mrs. McKee gave you which was  
7 Mr. McKee passed out the night before --

8 A. Yes.

9 Q. -- he came to see you?

10 A. Yes.

11 Q. Or the night before you saw him?

12 A. Right.

13 Q. What is the significance of that?

14 A. Well, it's unusual for somebody to  
15 completely pass out who is 31 years of age, and  
16 he's having respiratory problems, and that would  
17 make me very concerned about pulmonary embolus.  
18 Even if he was talking and breathing in front of  
19 me, I'd be concerned about that.

20 Q. Were you ever given any history about  
21 Mr. McKee's passing out before the night you saw  
22 him?

23 A. No.

24 Q. Can you explain how deep venous  
25 thrombosis would become a pulmonary embolism?

1           A.    The clots in the deep veins, which is  
2 pretty much from about your knees up -- there are  
3 some deep veins in the calves, but they don't  
4 commonly cause pulmonary emboli. But in the deep  
5 veins from your thighs up through your pelvis and  
6 abdomen, those clots can travel up, break loose  
7 and travel up the central venous, the inferior  
8 vena cava, make it to the right heart, get pumped  
9 out into the pulmonary arteries where they cause  
10 obstruction in the lung tissue.

11          Q.    And long car rides have increased the  
12 risk of that taking place?

13          A.    Yes.

14          Q.    Have you ever seen any of the records  
15 from the emergency department visit in Lebanon?

16          A.    No.

17          Q.    Were you aware that Mr. McKee had a  
18 venous Doppler done in Lebanon which was normal?

19               MR. BYRD:  Objection.

20               THE WITNESS:  No, I have no knowledge --

21               MR. BYRD:  -- 399.

22               MR. HUMPHREYS:  I'm sorry?

23               MR. BYRD:  Objection.  8.01399.

24               MR. HUMPHREYS:  Well, I think his answer  
25 is he was unaware, so let me get the answer, and

1 Then it will be subject to your objection, Ban.

2 MR. BYRD: Sure.

3 BY MR. HUMPHREYS:

4 Q. Were you aware that Mr. McKee had a  
5 venous Doppler done in Lebanon which was normal?

6 A. No.

7 Q. What is the significance of the normal  
8 venous Doppler?

9 MR. BYRD: Objection. 8.01399.

10 BY MR. HUMPHREYS:

11 Q. Okay. Subject to that objection.

12 A. Well, I'm assuming that the venous  
13 Doppler would have been done of his lower  
14 extremities, which is the most common place for  
15 clots. And if that was negative, that would make  
16 you less concerned about deep vein thrombosis in  
17 the lower extremities at that time, but you  
18 wouldn't rule out the possibility.

19 Q. The possibility of what?

20 A. Of clots elsewhere.

21 Q. I think that's all the questions I have,  
22 Doctor. Thank you.

23 EXAMINATION

24 BY MR. BYRD:

25 Q. Just briefly, Doctor. You had testified

1 that you had not seen the records from the Lebanon  
2 hospital. So would it be fair to say, Doctor,  
3 that you're unaware of what the diagnosis, if any,  
4 was for Mr. McKee when he was at that hospital?

5 A. Yeah, I don't know anything about the  
6 care except that his wife told me he was having  
7 some respiratory symptomatology which is why he  
8 went there. And that -- and that she said that  
9 they had recommended he go to another facility.  
10 That's all I know about it is what she told me.

11 Q. Right. And that didn't include the  
12 diagnosis, if any, that he had received while he  
13 was at the hospital?

14 A. Did not.

15 Q. Is that fair to say?

16 A. Didn't include any diagnosis. Didn't  
17 include any testing they might have done or lab or  
18 anything like that.

19 Q. And as far as the specifics of what Mr.  
20 McKee was told as far as under what circumstances  
21 he could or could not get the CT, you obviously  
22 didn't speak with the doctor who saw him there, so  
23 you don't know what the doctor would have to say  
24 about that; is that fair to say?

25 A. Yes. I don't have -- I didn't have any



1 contact with the physician. I didn't have any  
2 access to the records.

3 Q. And then you don't know whether Mr.  
4 McKee was given options about whether to get it or  
5 not get it depending on how he felt; is that fair  
6 to say?

7 A. No, I don't know anything about that  
8 except what his wife told me.

9 Q. I don't have any other questions. Thank  
10 you.

11 EXAMINATION

12 BY MR. HUMPHREYS:

13 Q. And, Doctor, what did Ms. McKee tell you  
14 about why Mr. McKee chose against getting a  
15 follow-up CT?

16 A. She told me that he was feeling better  
17 and decided against going to the other facility.

18 MR. HUMPHREYS: Okay. That's it. You  
19 done, Ben?

20 MR. BYRD: I don't have anything else.

21 MR. HUMPHREYS: Okay.

22 THE REPORTER: Are you ordering the  
23 transcript?

24 MR. HUMPHREYS: Well, we have a trial  
25 date on December 1, so what's your normal

1 turnaround?

2 MR. BYRD: I was going to say, though,  
3 Doctor, do you want to read and sign the  
4 transcript?

5 THE WITNESS: Yes.

6 MR. BYRD: Okay.

7 MR. HUMPHREYS: Well, Doctor, since you  
8 want to read and sign it, could you give the court  
9 reporter your address.

10 THE WITNESS: She has it.

11 MR. HUMPHREYS: Oh, you know him, huh?  
12 He's already given it to you. All right. Okay.

13 THE REPORTER: Are you ordering the  
14 transcript?

15 MR. BYRD: I am, yes, ma'am.

16 MR. HUMPHREYS: And I want a copy.

17 (Exhibit No. 1 marked.)

18 (Deposition concluded at 11:37 a.m.)

19 (Signature Reserved)

20 -oOo-

21

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23

24

25

1 C E R T I F I C A T E

2 STATE OF WASHINGTON

3 COUNTY OF KING

4

5 I, Kathleen Hamilton, a Certified Shorthand  
6 Reporter and Notary Public in and for the State of  
7 Washington, do hereby certify that the foregoing  
8 transcript of the deposition of PAUL F. PASCHALL,  
9 M.D., having been duly sworn, on JULY 13, 2015, is  
10 true and accurate to the best of my knowledge,  
11 skill and ability.

12 IN WITNESS WHEREOF, I have hereunto set my hand  
13 and seal this 20TH day of JULY, 2015.

14

15

16

17 KATHLEEN HAMILTON, RPR, CRR, CIR

18

19

20

21

22

23

24

25

1 A C K N O W L E D G E M E N T O F D E P O N E N T

2

3 I, PAUL PASCHALL, M.D., do hereby acknowledge I  
4 have read and examined the foregoing pages of  
5 testimony, and the same is a true, correct and complete  
6 transcription of the testimony given by me, and any  
7 changes or corrections, if any, appear in the attached  
8 errata sheet signed by me.

9

10

11

12

13

14

15

16

17

18 DATE

PAUL PASCHALL, M.D.

19

20

21

22

23

24

25

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Paschall, M.D., Paul F. 07-13-2015

33

1 James N. L. Humphreys, Esquire  
Hunter Smith & Davies LLP  
2 1212 North Eastman Road  
Kingsport, Tennessee 37664  
3

IN RE: Estate of Shawn Matthew Mckee v.  
4 Dwight M. Bailey, M.D., et al.  
5

6 Dear Mr. Humphreys

7 Enclosed please find your copy of the  
8 deposition of PAUL PASCHALL M.D., along with  
9 the original signature page. As agreed, you  
10 will be responsible for contacting the witness  
11 regarding signature.

12 Within 30 days of July 27, 2015,  
13 please forward errata sheet and original signed  
14 signature page to counsel for Plaintiff,  
15 Benjamin D. Byrd.

16 ~~If you have any questions, please do not~~  
17 hesitate to call. Thank you.

18 Yours,

19 Kathleen Hamilton, RPR, CRR, CCR  
Reporter/Notary  
20

21 cc: Benjamin Byrd, Esquire  
22  
23  
24  
25

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34

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4 E R R A T A S H E E T

5 Case Name: Estate of Shawn Matthew Mckee v.  
Dwight M. Bailey, M.D., et al.

6  
7 Witness Name: PAUL PASCHALL M.D.

8 Deposition Date: July 13, 2015

9 Page No. Line No. Change/Reason for Change

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Date

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**KOOTENAI MEDICAL CENTER**  
Coeur d'Alene, ID 83814

**Patient Name: MCKEE, SHAWN**

**Date of Service: 06/25/2013**

**HISTORY OF PRESENT ILLNESS:** This is a 31-year-old male patient who presents to the emergency department by ambulance with report of rapidly increasing dyspnea with a history of an upper respiratory infection previously treated with antibiotic. He was reportedly tachycardic, rate 142 en route, but his O2 saturations were 96% en route on oxygen. However, on his arrival to the emergency department bay and being taken out of the ambulance, he went out and quit breathing and he was rushed into a room where he was found not to have a pulse or breathing activity and cardiac resuscitation was immediately initiated with chest compressions. The patient has no prior history in the area and I did not have any history from the family on initial evaluation. However, when his wife came, she gave a history that he had been seen a couple of weeks prior in Lebanon, Virginia where he had gone to the hospital for shortness of breath and he was evaluated there and they apparently had recommended a CT scan. However, he was too large for their scanner table and so he had been released with antibiotics with plan to go to another hospital to obtain a CT scan, but he decided he was feeling better and did not want to do that. He subsequently moved from Virginia to here and did so by driving. A few days ago began having some increasing shortness of breath again, but last night it became more severe and he had passed out at least once according to his wife, and today he got markedly worse.

**REVIEW OF SYSTEMS/PAST MEDICAL HISTORY:** None available initially, except for history of upper respiratory problems. He is a very large, obese male who weighs greater than 400 pounds according to his spouse and certainly appears in size to be over 400 pounds. On presentation, he had no pulses, no respiratory effort. Pupils had already become dilated, but were somewhat reactive.

**PHYSICAL EXAMINATION:**

**GENERAL:** He had a quick initial exam.

**LUNGS:** No air movement. He was being bagged initially and had cardiac compressions.

**ABDOMEN:** Obese.

**EXTREMITIES:** Obese, but no obvious acute swelling anywhere.

**EMERGENCY DEPARTMENT COURSE:** I immediately opted to intubate the patient, but did not require any type of paralyzation. The patient was intubated by me with an 8 tube without difficulty on first attempt, had good color change on the telemetry device and then he was actively back. Initially, he had some agonal respirations. The patient had lines established quickly. He was given IV epinephrine. He got a pulse step back briefly a couple times, but then his rhythm deteriorated. I was able to get an EKG before it deteriorated and it showed a right bundle-branch block. There were some P waves, but not entire strip. The resuscitative efforts were carried out with ongoing compressions and bagged respirations. Multiple doses of epinephrine and a blood gas obtained from the right femoral puncture that was done by me with a Betadine prep. I was able to get a blood gas which gave me electrolytes as well. The pH was 6.974, pCO2 of 67.4, pO2 of 53. The sodium was normal, potassium was 5.08, calcium 4.5, chloride 106, glucose 307. The patient had a normal and hemoglobin. The patient was given bicarb x2 and ongoing epinephrine doses, but he deteriorated into a bradycardic PA rhythm. Ultrasound was placed on his chest and he had no significant cardiac contractility. No evidence of a pericardial effusion was seen. The resuscitative efforts were initiated at 9:43 at his arrival and were discontinued at 10:16 and he was in agonal rhythm at that time. The patient's labs had been drawn as part of this process and revealed a white count of 19.9, platelets 412,000. Normal hemoglobin and hematocrit. His PT and PTT were within expected limits. D-dimer was elevated at 32.6. Chemistries: Creatinine was 1.5, anion gap was 19. AST of 49, ALT of 75, myoglobin 191 and troponin 0.08.

**EMERGENCY DEPARTMENT DIAGNOSIS:** Cardiopulmonary arrest, unsuccessful resuscitative efforts with the patient being coded over 30 minutes and being urgently and early able to get the patient intubated had IV access early in his presentation. The surrounding history, his weight, and symptomatology also suggest the probability is fairly high that he had a pulmonary embolus. I discussed the patient's findings and history with Deb Wilkey, Coroner. She plans to have a POST done. I also

**Name: MCKEE, SHAWN**  
**Acct #: KM0009612904**  
**MR #: KM00447053**

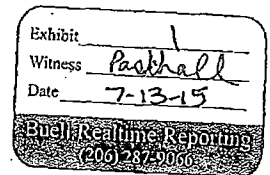
**Status: DEFER**

**Rm/Bed:**

**Provider: Paul F Paschall MD**

**EMERGENCY DEPARTMENT**

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**KOOTENAI MEDICAL CENTER**  
Coeur d'Alene, ID 83814

spent time discussing with the wife the resuscitative efforts and history, and the patient expired at 10:16 a.m.

Paul F. Paschall, MD

PFP:jcc

Job ID:1703434 Doc ID:1961294  
D:06/25/2013 13:46:12 T:06/25/2013 14:13:04

<Electronically signed by Paul F Paschall MD> 07/13/13 0708

Rpt #: 0625-0259

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Name: MCKEE, SHAWN  
Acct #: KMC0009612904  
MR #: KMC0447053

Status: DEP ER  
Rm/Bed:  
Provider: Paul F Paschall MD

EMERGENCY DEPARTMENT

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